

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED APR 12 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

10474

Do not use this space.

1. PLACE OF DEATH
(a) County Callaway Registration District No. 104
(b) Township Fulton Primary Registration District No. 3208
(c) City Fulton or State Hosp #1 Registered No. 88
(d) Street No. State Hosp #1 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. 2 mos. 9 ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.
2. PRINT FULL NAME Joseph R. Murphy
(a) Residence, No. 704 St. Mo. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Pricilla Murphy
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 3 1855
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
85 85 7 21
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. farmer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay County Mo.
13. NAME Thomas Murphy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.
15. MAIDEN NAME DK
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DK
17. INFORMANT (ADDRESS) State Hosp #1, Fulton Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Star Hosp Cem DATE 3/26 1940
19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. H. Cradley
Elmwood
20. FILED 3/24 1940 R. H. Crum
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/24 1940
22. I HEREBY CERTIFY, That 1/15 attended deceased from 1940 to 3/24 1940
I last saw him live on 3/24 1940 Death is said to have occurred on the date stated above, at 11:27 AM
The principal cause of death and related causes of importance were as follows:
Arteriosclerosis
Date of onset
Other contributory causes of importance:
Hypertensive Pneumonia
Stroke
Delirium
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) W. H. Cradley M. D.
(Address) State Hosp #1 Fulton Mo.

97

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 4636

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **10474**

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. **104**

Primary Registration District No. **3008**

Registrar's No.

1. PLACE OF DEATH:

(a) County **Callaway**
(b) City or town **Fulton**
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether

In this community.....
years, months or days)

3. (a) PRINT
FULL NAME

Joseph R. Murphy

3. (b) If veteran,
name war.....

3. (c) Social Security
No.....

4. Sex **m** 5. Color or
race **w** 6. (a) Single, widowed, married,
divorced **m**

6. (b) Name of husband or wife..... 6. (c) Age of husband, or wife, if
alive..... years

7. Birth date of deceased.....
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85- 7 21 min.

9. Birthplace.....
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

12. Name.....

13. Birthplace.....
(City, town, or county) (State or foreign country)

14. Maiden name.....

15. Birthplace.....
(City, town, or county) (State or foreign country)

16. (a) Informant.....

(b) Address.....

17. (a)..... (b) Date thereof.....
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a)..... (b).....
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....

(c) City or town.....
(If outside city or town limits write "RURAL")

(d) Street No.....
(If rural, give location)

(e) If foreign born, how long in U. S. A.?..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **3** day **24**
year **1976** hour..... minute..... M.

21. I hereby certify that I attended the deceased from.....
19..... to..... 19.....

that last saw h..... alive on.....
and that death occurred on the date and hour stated above.

Underlying cause of death.....

Other conditions.....

(Include pregnancy within 3 months of death)

Due to.....

Due to.....

Due to.....

Due to.....

Other conditions.....

Major findings:
(a) operations.....

Of autopsy.....

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?.....
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place)

(e) Means of injury.....

23. Signature **G. F. Wood** (M. D. or other).....

Address **Fulton** Date signed.....

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTAL

S-10474 1940